

<i>SERFF Tracking Number:</i>	<i>IHLI-125818207</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Investors Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40331</i>
<i>Company Tracking Number:</i>	<i>28700</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Annuity 2008</i>		
<i>Project Name/Number:</i>	<i>Annuity 2008/</i>		

Filing at a Glance

Company: Investors Heritage Life Insurance Company

Product Name: Annuity 2008

SERFF Tr Num: IHLI-125818207

State: ArkansasLH

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed

State Tr Num: 40331

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: 28700

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Julie Hunsinger, Karen Jones, Brad Shepherd

Disposition Date: 10/07/2008

Date Submitted: 09/23/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Annuity 2008

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/04/2008

Domicile Status Comments: Approved for use in Kentucky.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/07/2008

State Status Changed: 10/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form 28700 AR (4-2008) is a Flexible Premium Deferred Annuity. Premiums may vary in amount and are payable at any time, subject to a \$25 minimum, at the option of the owner. The maturity date is the later of attained age 70 or the tenth policy anniversary. The accumulation value is equal to 100% of the gross premiums paid plus interest credited, less any cash withdrawals. There are no premium loads or monthly fees. The Withdrawal Charge is equal to 7% of the

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fund value in the first policy year, decreasing by 1% per year to a Withdrawal Charge of 0% in the 8th and later policy years. There is no Withdrawal Charge if the amount withdrawn in any policy year does not exceed 10% of the Accumulation Value.

Form ANNDIS (6-2008) is the annuity disclosure that will be provided at the time of policy issue. These forms will be marketed by Investors Heritage Life Insurance Company agents using traditional marketing methods.

Company and Contact

Filing Contact Information

Karen Rogers, Filing Administrator	krogers@ihlic.com
P.O. Box 717	(800) 422-2011 [Phone]
Frankfort, KY 40602-0717	(502) 875-7084[FAX]

Filing Company Information

Investors Heritage Life Insurance Company	CoCode: 64904	State of Domicile: Kentucky
P.O. Box 717	Group Code:	Company Type: LAH
200 Capital Avenue		
Frankfort, KY 40602-0717	Group Name:	State ID Number:
(502) 209-1007 ext. [Phone]	FEIN Number: 61-0574893	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Form 28700 AR (4-2008) with Annuity Disclosure \$50.00 fee.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Investors Heritage Life Insurance Company	\$50.00	09/23/2008	22662425

<i>SERFF Tracking Number:</i>	<i>IHLI-125818207</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/07/2008	10/07/2008

<i>SERFF Tracking Number:</i>	<i>IHLI-125818207</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Annuity 2008</i>		
<i>Project Name/Number:</i>	<i>Annuity 2008/</i>		

Disposition

Disposition Date: 10/07/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<i>Project Name/Number:</i>	<i>Annuity 2008/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Consent to Submit		Yes
Supporting Document	Cover Letter		Yes
Form	Annuity 2008		Yes
Form	Annuity Disclosure		Yes

SERFF Tracking Number: IHLI-125818207 State: Arkansas
 Filing Company: Investors Heritage Life Insurance Company State Tracking Number: 40331
 Company Tracking Number: 28700
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Annuity 2008
 Project Name/Number: Annuity 2008/

Form Schedule

Lead Form Number: 28700

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	28700 AR (4-2008)	Policy/Cont ract/Fratern al Certificate	Annuity 2008	Initial		54	28700AR (4-2008).pdf
	ANNDIS (6-2008)	Other Annuity Disclosure	Annuity Disclosure	Initial		50	ANNDIS (6-2008).pdf

INVESTORS HERITAGE

Life Insurance Company

200 CAPITAL AVENUE
PO BOX 717
FRANKFORT, KY 40602-0717
PHONE 1.800.422.2011

We will pay to the annuitant, if living, a monthly income commencing on the maturity date.

We will pay the proceeds of this policy to the beneficiary upon receipt of due proof of death of the annuitant while this policy is in force.

We will pay the surrender value of this policy to you upon its surrender prior to the maturity date.

This policy is a legal contract between you and us. It is issued in consideration of the application and the payment of the initial premium on or before the date of policy delivery. Subsequent premiums are payable as provided in the policy.

PLEASE READ YOUR POLICY CAREFULLY!

You may receive factual information regarding the benefits and the provisions of this annuity contract by writing our home office: Post Office Box 717, Frankfort, Kentucky, 40602-0717.

Signed at our home office at 200 Capital Avenue, Frankfort, Kentucky.



Jane S. Jackson
Secretary



Harry Lee Waterfield II
President

30 DAY EXAMINATION PERIOD

You may return this policy within 30 days after receiving it by mailing it to us, taking it to the agent through whom it was purchased, or by taking it to any other agent of Investors Heritage Life Insurance Company. It will then be void as of the date of issue. Any premium paid will be returned.

FLEXIBLE PREMIUM DEFERRED ANNUITY

Monthly income beginning on the maturity date;
Death benefit payable on death of annuitant prior to the maturity date;
Non-participating - no dividends.

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**POLICY SCHEDULE
FLEXIBLE PREMIUM DEFERRED ANNUITY SUMMARY**

POLICY NUMBER: 990005

ANNUITANT: John Doe

OWNER: John Doe

POLICY DATE: July 3, 2008

DATE OF ISSUE: July 3, 2008

ISSUE AGE: 35

SEX: Male

INITIAL PREMIUM PAID: \$ 1,000.00

MODAL PREMIUM: \$ 25.00

MATURITY DATE: July 3, 2043

BENEFICIARY: As stated in the application unless changed by you.

GUARANTEED ANNUAL 3.00%
INTEREST RATE: Additional interest may be credited as determined by us.

The owner and beneficiary are subject to change as described in this policy.

DEFINITIONS

ANNUITANT

The individual named as the annuitant in the policy schedule. The annuitant may or may not be the owner.

YOU, YOURS

The owner of this policy. The owner is designated in the application unless later changed by written notice to us.

WE, OUR, US

Investors Heritage Life Insurance Company.

POLICY DATE

The date from which policy anniversaries, policy years and policy months are determined.

DATE OF ISSUE

The effective date of coverage under this policy.

MATURITY DATE

The date on which monthly income commences if the annuitant is alive.

POLICY ANNIVERSARY

The same day and month as the policy date for each succeeding year this policy remains in force.

PROCEEDS

The amount we are obligated to pay under the terms of this policy.

ISSUE AGE

Age on the annuitant's last birthday on or preceding the policy date.

ATTAINED AGE

The issue age of the annuitant plus the number of completed policy years.

GENERAL PROVISIONS

CONTRACT

The entire contract between you and us consists of this policy, any riders or endorsements, and the written application, a copy of which is attached at issue or delivery. All statements between you and us in the application are representations and not warranties. No statement shall be used in defense of a claim under this policy unless it is contained in a written application that is attached to the policy when issued or delivered.

AUTHORITY TO CHANGE

Only our officers may change the terms of this policy. Any change must be made in writing.

INCONTESTABILITY

This policy is not contestable from the date of issue.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the annuitant is misstated, any amount of proceeds payable will be adjusted to that amount which the premiums paid would have purchased at the annuitant's true age and sex.

Any underpayments already made by us together with interest at the rate of 6% per annum, compounded annually, from the date of each underpayment will be paid immediately. Any overpayments made by us together with interest at the rate of 6% per annum, compounded annually, shall be charged against benefits falling due after the date of adjustment.

ANNUAL REPORT

Each year within 90 days after the policy anniversary, we will send you a report showing at least the following information as of the last policy anniversary:

1. The beginning and end dates of the report;
2. The accumulation value and the cash value; and
3. Premiums paid, interest credited and the amount of any partial withdrawals.

TERMINATION

This policy will terminate and all coverage will cease on the earliest of the following dates:

1. The date we receive your request to surrender the policy;
2. The date of death of the annuitant;
3. The date on which the final monthly income payment is made in accordance with the provisions of this policy.

OWNERSHIP AND BENEFICIARY PROVISIONS

OWNER

The owner of this policy is as shown in the application. The owner has all rights stated in this policy. The owner may amend this policy, with our consent, while the annuitant is alive. The rights of the owner are subject to the rights of an irrevocable beneficiary. If there is more than one owner at a given time, all must exercise the rights of ownership by joint action.

If the owner has not named a successor owner, at the death of the owner, the annuitant becomes the owner of this policy unless the annuitant is a minor or otherwise legally incompetent, in which case the owner will be the legally appointed guardian of the annuitant.

BENEFICIARY

The beneficiary is as shown in the application. The beneficiary will receive the amount of proceeds payable at the death of the annuitant subject to any assignment made by you.

If more than one beneficiary survives at the death of the annuitant, proceeds will be allocated according to written instructions received by us from the owner of this policy prior to the death of the annuitant. If no allocation of proceeds between beneficiaries is specified, proceeds will be divided equally among all surviving beneficiaries.

If the beneficiary of this policy does not make claim within 60 days after the death of the annuitant, or if the beneficiary is the estate of the annuitant, or is a minor, or is not legally competent to give a valid release, we may, in good faith, make a payment to any of the annuitant's relatives by blood or marriage appearing to us to be entitled thereto.

CHANGE OF OWNER OR BENEFICIARY

You may change the designations of owner and beneficiary while the annuitant is alive. Any change is subject to the consent of an irrevocable beneficiary. Written notice of change must be filed at our home office in a form acceptable to us. The new designation will then take effect as of the date you signed the notice. Such a change does not affect any payment made or other action taken by us before we received the notice.

ASSIGNMENT

You may assign this policy by written request. We are not responsible for the validity or effect of any assignment of this policy. No assignment will bind us until it is received at our home office.

ANNUITY BENEFITS

MATURITY BENEFIT

If the annuitant is living on the maturity date shown in the policy schedule, we will apply the accumulation value under payment option 3, a life annuity with a period certain of 10 years. The accumulation value on the maturity date may be applied under any other annuity payment option which is then available provided (1) you request such payment option in writing, and (2) we receive your request before the maturity date.

CHANGE IN MATURITY DATE

You may change the maturity date of this policy if you request the change in writing. The latest available maturity date is the later of (1) the tenth policy anniversary, and (2) attained age 70.

PAYMENT OPTION 1 - INTEREST INCOME OPTION

The accumulation value on the maturity date may be left with us to earn interest until withdrawn by you. You may withdraw any or all the cash value, including interest earned, at any time at your discretion. We may defer payment of a withdrawal for up to 6 months from the date the request is received.

PAYMENT OPTION 2 - MONTHLY PAYMENTS FOR A FIXED NUMBER OF YEARS

Payments will be made for a fixed period. The amount of each payment is determined from the following table:

MONTHLY PAYMENTS FOR A FIXED NUMBER OF YEARS FOR EACH \$1,000 OF ACCUMULATION VALUE			
Number of Years	Monthly Payments	Number of Years	Monthly Payments
1	84.48	11	8.88
2	42.87	12	8.26
3	29.01	13	7.73
4	22.08	14	7.28
5	17.92	15	6.89
6	15.16	16	6.55
7	13.18	17	6.25
8	11.70	18	5.98
9	10.55	19	5.75
10	9.63	20	5.53

The amount of monthly payments for other periods will be furnished on request.

PAYMENT OPTION 3 - PAYMENTS FOR A PERIOD CERTAIN

Payments will be made in equal installments throughout the certain period. After the certain period, payments will continue to be made throughout the payee's lifetime. Monthly payments per \$1,000 of accumulation value are determined from the following table.

PERIOD CERTAIN											
NONE						10 YEARS					
<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
46	3.90	3.67	66	6.06	5.47	46	3.88	3.66	66	5.81	5.34
47	3.96	3.72	67	6.26	5.63	47	3.94	3.71	67	5.97	5.48
48	4.02	3.77	68	6.47	5.81	48	4.00	3.76	68	6.13	5.63
49	4.09	3.83	69	6.70	6.00	49	4.06	3.81	69	6.29	5.79
50	4.16	3.89	70	6.94	6.20	50	4.13	3.87	70	6.46	5.96
51	4.16	3.95	71	7.20	6.42	51	4.20	3.93	71	6.64	6.13
52	4.31	4.01	72	7.47	6.66	52	4.27	3.99	72	6.82	6.32
53	4.39	4.08	73	7.76	6.92	53	4.35	4.06	73	7.00	6.51
54	4.48	4.15	74	8.07	7.21	54	4.43	4.13	74	7.19	6.71
55	4.57	4.23	75	8.41	7.51	55	4.51	4.20	75	7.38	6.92
56	4.67	4.31	76	8.77	7.84	56	4.60	4.28	76	7.57	7.13
57	4.77	4.40	77	9.15	8.20	57	4.70	4.36	77	7.76	7.34
58	3.90	4.49	78	9.56	8.58	58	4.80	4.45	78	7.95	7.56
59	4.99	4.59	79	10.00	9.00	59	4.90	4.54	79	8.13	7.77
60	5.12	4.69	80	10.48	9.46	60	5.01	4.64	80	8.31	7.99
61	5.25	4.80	81	10.98	9.95	61	5.13	4.74	81	8.49	8.20
62	5.39	4.92	82	11.52	10.49	62	5.25	4.85	82	8.65	8.40
63	5.54	5.04	83	12.10	11.07	63	5.38	4.96	83	8.81	8.60
64	5.70	5.18	84	12.72	11.71	64	5.52	5.08	84	8.96	8.78
65	5.88	5.32	85	13.38	12.39	65	5.66	5.21	85	9.09	8.95

Values above were calculated using the Annuity 2000 Mortality Table, Male or Female, and 3.00% interest per year. Satisfactory proof of the payee's age and sex is required. The amount of monthly payments for other ages and certain periods will be furnished on request.

INTEREST RATE

The rate of interest for all annuity options will be determined by us and will vary from time to time; however, we guarantee that the rate of interest we declare will never be less than 3.00% per annum, compounded annually.

EVIDENCE OF AGE OR SURVIVAL

We may require proof of correct age of any annuitant before the annuity benefit begins. We may require proof that such annuitant is alive before making any payment.

BENEFITS PAYABLE AT DEATH OF ANNUITANT

DEATH BENEFIT

The death benefit under this policy before the maturity date is equal to the accumulation value.

The death benefit under this policy after the maturity date will depend on the annuity option selected.

PROCEEDS AT DEATH

The amount of proceeds payable at the death of the annuitant will be the death benefit as defined above, adjusted for any misstatement of age or sex.

INTEREST ON PROCEEDS

If the amount of proceeds is paid in one sum, it will include any interest as required by law, from the date ten (10) days after we receive satisfactory proof of an annuitant's death to the date of payment. Interest will be paid at a rate which is the greater of (1) the rate declared by us, or (2) the rate required by law.

PAYMENT OF PROCEEDS

To claim the proceeds (1) a claim form must be filed with us, and (2) satisfactory proof of death must be furnished.

PREMIUMS

PREMIUM PAYMENTS

The initial premium as shown in the policy schedule is due on the policy date. Subsequent premiums may vary in amount and are payable at any time at the option of the owner. Each premium, including the initial premium, may be paid to our authorized agent who will provide a receipt upon request. The receipt must be signed by the agent who receives the payment on our behalf. The minimum premium which we will accept is \$25.00.

POLICY VALUES

ACCUMULATION VALUE

The accumulation value at any time is (1) the accumulation of premiums with interest from the date each premium is received by us to the date of determination, less (2) any partial withdrawals accumulated with interest from the date of each partial withdrawal to the date of determination.

The rate of interest will be determined by us and will vary from time to time; however, we guarantee that the rate of interest we declare will never be less than 3.00% per annum, compounded annually.

CASH VALUE

The cash value at any time is (1) the accumulation value as described above, less (2) a withdrawal charge.

WITHDRAWAL CHARGE

The withdrawal charge is equal to (1) the accumulation value, multiplied by (2) the withdrawal percentage from the Table of Withdrawal Percentages shown below corresponding to the policy year of withdrawal.

TABLE OF WITHDRAWAL PERCENTAGES			
Policy Year	Withdrawal Percentage	Policy Year	Withdrawal Percentage
1	7.00	5	3.00
2	6.00	6	2.00
3	5.00	7	1.00
4	4.00	8 and later	.00

SURRENDER VALUE

You may surrender this policy by returning it to our home office and filing a written request in a form acceptable to us. The date of surrender will be the date you signed the request provided the annuitant was then living.

The amount that will be paid upon surrender is the cash value. The payment of the cash value may be deferred for a period up to six months after the request is received at our home office.

PARTIAL WITHDRAWAL

You may make a partial withdrawal at any time prior to the maturity date. The first partial withdrawal in any policy year will be free of a withdrawal charge up to 10% of the accumulation value as of the date of withdrawal. A subsequent partial withdrawal during the same policy year will also be free of a withdrawal charge for an amount equal to (1) 10% of the accumulation value as of the date of withdrawal, less (2) the total of all prior partial withdrawals during the same policy year.

For any amount of partial withdrawal which is not subject to a withdrawal charge, the accumulation value will be reduced by the amount of such partial withdrawal.

For any amount of partial withdrawal which is subject to a withdrawal charge, the accumulation value will be reduced by (1) the amount of such partial withdrawal, multiplied by (2) one plus the withdrawal percentage corresponding to the policy year of withdrawal.

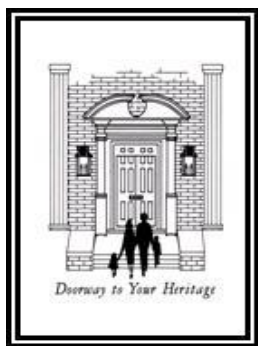
No partial withdrawal may be less than \$25.00.

If the partial withdrawal would reduce the cash value to less than \$150, then a full surrender will be made and the policy will terminate.

BASIS OF POLICY VALUES

Guaranteed accumulation values, death benefits, and cash values shown in the policy schedule are not less than the minimum values required on the policy date by the state in which this policy was issued.

A detailed statement of the method of computing accumulation values, cash values and reserves has been filed with the insurance department of the state in which this policy was issued. We will furnish any policy value not shown on request. Allowance will be made for elapsed time when calculating values between policy anniversaries.



INVESTORS HERITAGE

Life Insurance Company

TO OBTAIN INFORMATION, MAKE A CLAIM, OR MAKE A COMPLAINT

Call us toll-free:

1.800.422.2011

Or write to us:

**INVESTORS HERITAGE LIFE INSURANCE COMPANY
PO BOX 717
FRANKFORT KY 40602-0717**

Or email us:

ihlic@investorsheritage.com

FLEXIBLE PREMIUM DEFERRED ANNUITY

Monthly income beginning on the maturity date;

Death benefit payable on death of annuitant prior to the maturity date;

Non-participating - no dividends.

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association. ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life and variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association, if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member's insurer's obligation to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values -- again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

IMPORTANT NOTICE

TO OBTAIN INFORMATION OR MAKE A COMPLAINT:

You may call or write your agent or Investors Heritage's home office for information or to make a complaint about your policy.

HOME OFFICE
FRANKFORT KY 40602

Investors Heritage Life Insurance Company
PO Box 717
Frankfort, KY 40602-0717
800-422-2011

Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Arkansas Insurance Department.

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2600
800-282-9124

ATTACH THIS NOTICE TO YOUR POLICY.

This notice is for information only and does not become a part or condition of the attached document.

INVESTORS HERITAGE

Life Insurance Company

200 CAPITAL AVENUE
PO BOX 717
FRANKFORT, KY 40602-0717
PHONE 1.800.422.2011

FLEXIBLE PREMIUM DEFERRED ANNUITY DISCLOSURE STATEMENT

This disclosure assumes that you are the **owner** and **annuitant**.

This document reviews important points you should consider about this Investors Heritage Life Insurance Company annuity. It is a summary of the features and benefits of your annuity provisions, but it is **not** part of your policy. This annuity is a **flexible premium deferred annuity** which means you may make payments into it at your discretion as to amount and frequency. It is also a **fixed annuity** which means it earns a specified interest rate. If state or federal laws require us to change this annuity, we will tell you about it in writing.

Your annuity may be used to provide funding for a formal preneed funeral contract. You can also use an annuity to save money for retirement and to receive retirement income for life. Your annuity is not meant to be used to meet short-term financial goals.

You may cancel your annuity without penalty within 30 days of purchase by contacting Investors Heritage or the agent who sold you the annuity contract. Upon such cancellation, you will receive a full refund of all payments you have made.

THE ANNUITY CONTRACT

How will the value of my annuity grow?

All deposits made into your annuity will be credited with interest at no less than the guaranteed annual interest rate shown in the policy schedule. Interest will be credited on the initial premium amount at the current interest rate, which is shown in the Accumulation Value / Cash Value Table below. The current interest rate may change from year to year according to a schedule declared by Investors Heritage but it will never be less than the guaranteed annual interest rate.

Policy Year	Age	Annual Premium Paid	Accumulation Value		Cash Value	
			Guaranteed 3.00%	Current 3.00%	Guaranteed 3.00%	Current 3.00%
1	36	1,000.00	1,030.00	1,030.00	957.90	957.90
2	37	1,000.00	2,090.90	2,090.90	1,965.45	1,965.45
3	38	1,000.00	3,183.63	3,183.63	3,024.45	3,024.45
4	39	1,000.00	4,309.14	4,309.14	4,136.77	4,136.77
5	40	1,000.00	5,468.41	5,468.41	5,304.36	5,304.36
6	41	1,000.00	6,662.46	6,662.46	6,529.21	6,529.21
7	42	1,000.00	7,892.33	7,892.33	7,813.41	7,813.41
8	43	1,000.00	9,159.10	9,159.10	9,159.10	9,159.10
9	44	1,000.00	10,463.87	10,463.87	10,463.87	10,463.87
10	45	1,000.00	11,807.79	11,807.79	11,807.79	11,807.79
15	50	1,000.00	19,156.87	19,156.87	19,156.87	19,156.87
20	55	1,000.00	27,676.48	27,676.48	27,676.48	27,676.48
25	60	1,000.00	37,553.03	37,553.03	37,553.03	37,553.03
30	65	1,000.00	49,002.67	49,002.67	49,002.67	49,002.67
35	70	1,000.00	62,275.92	62,275.92	62,275.92	62,275.92
45	80	1,000.00	95,501.45	95,501.45	95,501.45	95,501.45
55	90	1,000.00	140,153.75	140,153.75	140,153.75	140,153.75
65	100	1,000.00	200,162.70	200,162.70	200,162.70	200,162.70
75	110	1,000.00	280,809.74	280,809.74	280,809.74	280,809.74

All values shown above are at the end of the policy year except for the "annual premium paid" which is at the beginning of the policy year. The accumulation value and cash value are shown at two different interest rates. The current rate is the interest rate currently being credited by Investors Heritage and is not guaranteed. Future interest rates may be higher or lower than the current rate, but will never be less than the guaranteed rate of 3.00%. The death benefit is equal to the accumulation value.

How do I know if I need to make annuity payments to Investors Heritage?

Only the initial premium amount must be paid to activate this annuity. Subsequent payments may vary in amount and are payable any time at the option of the owner. The minimum premium we will accept is \$25.00.

When you pay premiums, the amount of your annuity will increase. If you choose not to pay any further premiums, your annuity will remain in force until annuity benefits are requested or until the death of the annuitant.

BENEFITS

How do I get income (payouts) from my annuity?

If you are living on the maturity date (shown on your policy schedule), this annuity will provide you with an income benefit under one of the payment options listed in your annuity. If your annuity funds a formal preneed contract, your request for payouts may void or violate the terms of your preneed contract. You should consider this prior to making any request for payouts.

The maturity date for this annuity is 07-03-2043. On and after the maturity date, the accumulation value may be left with us to accumulate at interest, or you may exchange the accumulation value for any annuity payment option which is then available. The following table shows current and guaranteed annuity options which are available as of the policy date.

Available to Provide Monthly Income				Monthly Income 10 Years Certain and Life	
<u>Year</u>	<u>Age</u>	<u>Guaranteed</u>	<u>Current</u>	<u>Guaranteed</u>	<u>Current</u>
35	70	62,275.92	62,275.92	402.30	402.30
45	80	95,501.45	95,501.45	793.62	793.62

What happens after I die?

When you die, Investors Heritage will continue payments made under the option chosen to any qualified beneficiary. If no payment option has been arranged, we will pay the death benefit in a single sum to any living beneficiaries, any other designee you name such as a funeral provider, or your estate and the annuity contract will end. The death benefit will include interest earned and will equal the accumulation value.

What other benefits can I choose?

At any time prior to the maturity date, you can receive the annuity's cash surrender value. This is called a full surrender. Once surrendered, this annuity cannot be restored to full value.

Up to 10% of the accumulation value may be withdrawn in any policy year without incurring a withdrawal charge. Cash values at early policy durations are less than total premiums paid and a loss may result if you surrender this contract in the first few policy years.

FEES, EXPENSES AND OTHER CHARGES

What happens if I take out all of the money from my annuity?

If you surrender the annuity by taking all the money out, a withdrawal charge may be deducted from the amount paid. The withdrawal charge varies depending on how long you have owned the annuity. After the eighth anniversary, there are no withdrawal charges. The Table of Withdrawal Percentages can be found in your annuity.

Do I pay any other fees or charges?

There are no other fees or charges.

How much will I receive if I surrender the annuity?

If you surrender your annuity, you will receive the "Cash Surrender Value". Estimates of this value are shown in the Accumulation / Cash Value Table above but the actual amount will vary based on how long you have owned the annuity, how much interest the annuity has earned and how much you have paid in to the annuity.

TAXES

How will payouts and withdrawals from my annuity be taxed?

Generally, under current federal tax law, you are not taxed on the growth or earnings credited to the annuity until they are distributed. In addition to regular income tax, any distributions from this annuity (surrender or partial withdrawal of annuity is a distribution) may be subject to a 10% penalty for those less than 59 1/2 years old. This annuity is a non-qualified annuity according to Internal Revenue Service tax rules and as such is subject to certain rules upon distribution. Please see your tax advisor to get more specific information about how these tax rules might affect your specific situation. Investors Heritage Life Insurance Company and its employees are not tax advisors.

OTHER INFORMATION

What else do I need to know?

If you purchased this annuity to fund a formal preneed contract, the cancellation of that preneed contract does not also cancel this annuity. You may only cancel this annuity by contacting Investors Heritage. However, if this is the purpose for your annuity purchase, the formal preneed contract you executed with the funeral provider of your choice may be voided if you fail to keep this annuity in full force. You should consult the terms of your formal preneed contract and the annuity contract to determine your rights and obligations when considering making changes in this annuity. We pay the agent for selling this annuity to you.

What should I know about the insurance company?

Investors Heritage is a life insurer based in Frankfort, Kentucky and is licensed in 30 states. The home office address is Post Office Box 717, 200 Capital Avenue, Frankfort, Kentucky 40602-0717. You can contact Investors Heritage toll free at 800-422-2011, Monday through Friday 8:00 AM to 4:30 PM EST. You can learn about Investors Heritage at our web site: www.ihlic.com.

<i>SERFF Tracking Number:</i>	<i>IHLI-125818207</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Investors Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40331</i>
<i>Company Tracking Number:</i>	<i>28700</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Annuity 2008</i>		
<i>Project Name/Number:</i>	<i>Annuity 2008/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: IHLI-125818207 State: Arkansas
Filing Company: Investors Heritage Life Insurance Company State Tracking Number: 40331
Company Tracking Number: 28700
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Annuity 2008
Project Name/Number: Annuity 2008/

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/16/2008

Comments:

Readability and Rule & Regulation Certification. Consumer Information Notice is made part of the policy.

Attachment:

AR Compliance Certification.pdf

Review Status:

Satisfied -Name: Application 09/16/2008

Comments:

Application form 27900 (7-2007) approved for use in Arkansas on 08/07/2007.

Attachment:

27900%20(7-2007).pdf

Review Status:

Satisfied -Name: Consent to Submit 09/18/2008

Comments:

Required consent form attached.

Attachment:

Consent to Submit Rates or Cost Basis.pdf

Review Status:

Satisfied -Name: Cover Letter 09/18/2008

Comments:

Cover Letter Attached.

Attachment:

Cover Letter.pdf



INVESTORS HERITAGE *Life Insurance Company*

PO Box 717 Frankfort KY 40602-0717

1-800-422-2011

investorsheritage@ihlic.com

Certificates of Compliance

Re: Form 28700 AR (4-2008) – Flexible Premium Deferred Annuity
Form ANNDIS (6-2008) – Annuity Disclosure

I hereby certify that the submitted forms listed above meet all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and the requirements of Rule and Regulation 49.

I also hereby certify that the submitted forms listed above meet with the applicable readability requirements of the Arkansas Code.

I also certify that the Consumer Information Notice as required by ACA 23-79-138 is attached to every policy at policy issue.

Julie A. Hunsinger, FSA, MAAA
Vice President & Chief Actuary
September 18, 2008

LEGACY GOLD
preneed life insurance

PROPOSED INSURED
Full Name
Social Security Number
Date of Birth (MM/DD/YYYY) Age
Female
Male

OWNER, IF DIFFERENT FROM INSURED
Full Name
Social Security No. or Tax ID No. Relationship to Proposed Insured

MAILING ADDRESS
Street
City State Zip
Phone Number

SERVICING FUNERAL HOME
Appropriate assignment forms must accompany application.
Name FH Code No.

PRIMARY BENEFICIARY
Full Name
Social Security or Tax ID No. Relationship to Proposed Insured

POLICY INFORMATION
TYPE OF COVERAGE: Life Insurance Flexible Deferred Annuity
PREMIUM PAYMENT FREQUENCY: Single Annual Semi-Annual Quarterly Monthly Annuity - No Premium Notice
PAYMENT METHOD: Pre-Authorized Transfer Direct Bill
PREMIUM PAYING PERIOD: Single 1 Pay 2 Pay 3 Pay 4 Pay 5 Pay 7 Pay 10 Pay
AMOUNT OF INSURANCE: Issue amount premium will purchase Face Amount \$
POLICY PREMIUM \$
OPTIONAL DOWN PAYMENT RIDER: Issue amount premium will purchase Face Amount \$
RIDER PREMIUM \$
TOTAL AMOUNT PAID TO AGENT: \$
REPLACEMENT: Does the Proposed Insured have any existing policies or contracts? Yes No
If "Yes", complete Replacement Form.

27900 (7-2007)



INVESTORS HERITAGE
Life Insurance Company
PREMIUM RECEIPT

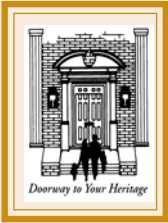
Make check or money orders payable to Investors Heritage.
Do not make checks or money orders payable to the agent or leave the payee blank.

Amount Received: \$ From: Date: month day year

This premium was paid in connection with an application for life insurance. The insurance applied for shall not take effect until payment of the first full premium, approval by Investors Heritage Life Insurance Company, delivery of the policy while the health condition of the Proposed Insured and other factors affecting insurability are as stated in the application, all of which must occur during the lifetime of the insured. In the event the application is declined, any payment made by the applicant will be returned.

Agent's Signature Agent's Address Agent's Phone Number
Date 27900 (7-2007)

INVESTORS HERITAGE
Life Insurance Company



APPLICATION FOR LIFE INSURANCE

The Company guarantees that a policy or certificate will be issued. If you are applying for guaranteed issue coverage, the death benefit will be limited during the premium paying period. This limited death benefit does not apply to single pay or annuities.

MULTI-PAY FIRST DAY COVERAGE - HEALTH QUESTIONS
Complete only if choosing a multi-pay plan and applying for first day coverage.

1. Within the past 12 months, have you been bedridden at home, confined in a hospital, nursing home, long-term care facility, or assisted living center, received Hospice or home health care, used oxygen to assist in breathing or been advised you have a terminal illness? Yes No
2. Within the past 10 years, have you been diagnosed by a member of the medical profession as having, or have you tested positive for, or been treated by a member of the medical profession for any of the following: Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC), Human Immunodeficiency Virus (HIV), or any other disease or disorder of the immune system? Yes No
3. To the best of your knowledge, in the past 3 years have you been treated by a member of the medical profession for, been advised to be treated for, or taken medication for any of the following: (Circle all that apply.)
- A. Heart attack, heart related chest pain, angioplasty or other heart surgery, congestive heart failure, transient ischemic attack or mini-stroke (TIA), stroke, aneurysm, blood vessel disorder, organ transplant or any other heart or circulatory disorder? Yes No
- B. Kidney failure or dialysis, insulin requiring diabetes, liver disease or cirrhosis, emphysema, chronic obstructive pulmonary disease (COPD) or chronic lung disease or disorder? Yes No
- C. Cancer of any internal organ or melanoma, leukemia, or any undiagnosed lump, growth or undiagnosed X-ray abnormality? Yes No
- D. Parkinson's disease, Alzheimer's disease, dementia, senility, mental incapacity, seizure disorder or any other disorder of the brain or nervous system? Yes No
- E. Cystic fibrosis, Lou Gehrig's disease (ALS), lupus, multiple sclerosis, or alcohol or drug abuse or addiction? Yes No

PROPOSED INSURED
Phone Number Best Time to Call AM PM
If you have applied for a multi-pay, first day coverage plan, you may be contacted by phone by our FOCUS Department for a brief interview.
PRIMARY CARE PHYSICIAN INFORMATION
Name Phone Number
Mailing Address

P.O. Box 717 200 Capital Avenue
Frankfort, Kentucky 40602-0717
Phone: (800) 422-2011 Fax: (502) 875-7084
ihlic@ihlic.com www.investorsheritage.com

CONSENT TO SUBMIT RATES OR COST BASES FOR APPROVAL

CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL

The Investors Heritage Life Insurance Company
("Company") of Frankfort, Kentucky
does hereby consent and agree

A) that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to policy form number 28700 AR (4-2008) must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Investors Heritage Life Insurance Company (Company Name)
By Julie A. Hunsinger, FSA, MAAA (Name)
Vice President & Chief Actuary (Title or Position)
[Bulletin 11-83]



INVESTORS HERITAGE *Life Insurance Company*

PO Box 717 Frankfort KY 40602-0717

1-800-422-2011

investorsheritage@ihlic.com

September 18, 2008

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: Flexible Premium Deferred Annuity Policy - Form 28700 AR (4-2008)

Annuity Disclosure - Form ANNDIS (6-2008)

NAIC #: 64904

Federal Employer ID: 61-0574893

SERFF Tracking No.: IHLI-125818207

To Whom It May Concern:

We are submitting the above flexible premium deferred annuity and the annuity disclosure form for your consideration and approval. These forms have not been previously filed in the state of Arkansas and are being filed in final print format. These forms do not replace any existing forms previously filed.

Form 28700 AR (4-2008) is a Flexible Premium Deferred Annuity. Premiums may vary in amount and are payable at any time, subject to a \$25 minimum, at the option of the owner. The maturity date is the later of attained age 70 or the tenth policy anniversary. The accumulation value is equal to 100% of the gross premiums paid plus interest credited, less any cash withdrawals. There are no premium loads or monthly fees. The Withdrawal Charge is equal to 7% of the fund value in the first policy year, decreasing by 1% per year to a Withdrawal Charge of 0% in the 8th and later policy years. There is no Withdrawal Charge if the amount withdrawn in any policy year does not exceed 10% of the Accumulation Value.

Form ANNDIS (6-2008) is the annuity disclosure that will be provided at the time of policy issue. These forms will be marketed by Investors Heritage Life Insurance Company agents using traditional marketing methods.

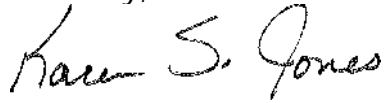
The following has been submitted to your office via SERFF:

1. This letter;
2. Copies of forms 28700 AR (4-2008), ANNDIS (6-2008);
3. Actuarial memorandum for form 28700 AR (4-2008);

4. Consent to Submit Rates or Cost Bases; and
5. Certification of Rule 19, Rule 49 and Readability.

Thank you for your time and consideration. If you have any questions or need additional information, please feel free to call me at (502) 209-1007.

Sincerely,

A handwritten signature in black ink that reads "Karen S. Jones". The signature is written in a cursive, flowing style.

Karen S. Jones Filing
Administrator